UCSF Medsounds Newsbreak

Weekly News for the UCSF Community VOL. 12, NO. 19 AUGUST 12, 1997

$20 million gain in first year possible for UCSF Stanford

CEO Peter Van Etten reported recently that UCSF Stanford Health Care is right on target for meeting its first-year financial goals.

Combining the efforts to improve operations at both campuses with UCSF Stanford Health Care's reductions, he says that the new organization will meet its first-year cost reduction goal of $32 million. In fact, UCSF Stanford may exceed that amount when the shared purchasing efficiencies begin to occur after the merger is operational, Van Etten said.

And it appears that the goal to reach $25 million in increased revenues in the first year is achievable, he said.

The costs of this merger are low by industry standards because the organization is able to rely on existing staff and facilities to a great extent, according to Van Etten. UCSF Stanford officials project that, unlike most mergers, administrative costs will be lower in the first year of operations than they were the previous year in the separate organizations.

The ongoing additional costs of the merger, originally budgeted at $20 million, are coming in below budget, and consist mostly of additional benefit expenses that will be incurred. For instance, retirement costs will increase to cover current UCSF employees who are presently covered by the University of California's pension plan.

Putting these forecasts together with other budget expectations of revenue and expenses, UCSF Stanford Health Care is projected to have an excess of revenues over expenses of about $20 million for its first full fiscal year of operation, Van Etten said. Even with the added benefit expense, this amount is in excess of the amount that the combined entities were projected to have earned without the merger. However, federal budget decisions regarding Medicare have reduced reimbursements to hospitals in an effort to reform the program.

Brad Foss

At a press conference last week highlighting the urgent need for life-saving bone marrow for patient Alan Kuo are, from left, Hope Rugo, Kuo's physician; Jonathan Leong, president of the Asian-American Donor Program; and Akiko Hall, Kuo's girlfriend.

Postdoc makes an appeal for life

By BRAD FOSS

Alan Kuo, 33, is engaged in the search of — and for — his life. At the same time he's raising awareness about some troubling health statistics.

A postdoctoral student in molecular parasitology and patient at UCSF, Kuo has suffered for two-and-a-half years from chronic myelogenous leukemia, a fatal condition with a median survival rate of three years.

"From three to six months from now, my cancerous marrow cells will proliferate out of control and kill me, unless they are ruthlessly eradicated and replaced with someone else's healthy bone marrow," says Kuo.

Kuo is focused on finding a suitable donor and, because his particular immune type is found only in the Asian and Pacific Islander populations, his friends and family are appealing to people of Asian descent worldwide to register as bone marrow donors.

The Asian-American Donor Program (AADP) will be offering free bone marrow tissue typing for minorities today, from 11 a.m. to 3 p.m., in the main lobby of the medical sciences building.

"All it takes is one person. That person is out there somewhere," said Akiko Hall, Alan's girlfriend, during a press conference last week at UCS sponsored by the AADP. "We won't know who that person will be without them being registered."

The "Alan Kuo Needs Your Bone Marrow" web page provides the heart-wrenching (and even heart-warming) details of Kuo's life, including photographs and links to leukemia and cancer resources. Kuo has received more than 100 emails per day from well wishers since the website went up two weeks ago. "Please help save my life by registering with your local marrow donor program," he implores.

And while Kuo is understandably eager to publicize this story to help himself live, he is also spreading the word for thousands of other people from all racial and ethnic backgrounds who are in similar situations.

Indeed, Kuo's circumstances are indicative of a much larger problem.

The National Marrow Donor Program registry of potential donors reveals discouraging statistics for all minorities. Of the more than two million volunteer

(See **Kuo** on page 3)

Prescribing medicinal marijuana remains risky business

By PAULA MURPHY

The medicinal use of marijuana remains controversial, even after Californians passed Proposition 215 last year, allowing physicians to recommend cannabis to patients suffering from various chronic illnesses.

Although the initiative was intended to protect physicians who prescribe and patients who use marijuana from existing criminal laws that prohibit possession and cultivation, the health care community's relationship with the drug is tenuous.

In the wake of Prop 215, physicians have faced threats from the federal government, and are now struggling with how to comply with what appear to be contradictory local, state and federal laws. Some caregivers say recommending the drug is risky even though the statute states that they are supposed to be exempt from punishment for doing so.

As such, passage of the proposition has not necessarily increased physician prescriptions of marijuana, says Jan Gurley of the Department of Public Health's AIDS Office. "Physicians are a conservative group," she says. And the issue has become politicized.

Last December, for example, the federal government threatened to revoke the D.E.A. registration of physicians who recommend marijuana, which in effect revokes their privilege to prescribe a medicine. In February, a dozen California physicians, including Marcus Conant, a clinical professor of dermatology at UCSF, filed a class-action suit against the government on "behalf of physicians who recommend and seriously ill patients who need medical marijuana." In response, Federal Judge Fern Smith issued a preliminary injunction in April barring the government from threatening or taking any actions against doctors who recommend marijuana to their patients.

Oncologist Richard J. Cohen, a clinical professor of medicine at UCSF, prescribes marijuana to his cancer patients because he believes marijuana has improved their survival rates and quality of life. Even though marijuana has become more accessible in buyers clubs scattered throughout the Bay Area, he says the ensuing government interference following the approval of the ballot measure has created a "hazy" situation. "[It's one of] taking on the federal government and that's not something anyone wants to do," Cohen says.

Physicians fear they could face legal battles or lose their livelihoods by recommending marijuana, says Cohen, who takes an extra precaution by writing down the patient's diagnosis along with the prescription.

Despite the existing evidence that points to its safety and therapeutic value to relieve symptoms such as nausea, vomiting and weight loss, marijuana, even for medicinal purposes, is considered illegal by the federal government. Its status would have to be changed from a Schedule I to Schedule II substance in order for it to be a legal drug, available by prescription, Gurley says.

Gurley believes the federal government's pledge to take action against physicians who recommend the drug may not have a local impact. It's "highly unlikely" that federal agencies would "come after anyone in San Francisco,"she says.

(See **Marijuana** on page 4)

UCSF Stanford clinical integration plans move forward

A clearer picture of how UCSF and Stanford might integrate their clinical services is expected to emerge early next month.

Faculty representing both universities on "clinical integration teams" recently presented recommendations for UCSF Stanford Health Care. Now it is up to officials at the new organization and their consultants to refine the recommendations. They will meet once more with team co-chairs on Aug. 26 and present a "unified vision" at a Sept. 9 dinner for all team members.

Bruce Wintroub, chief medical officer of UCSF Stanford Health Care, said the recommendations "greatly exceeded" his expectations and come as a reassurance that the merger's lofty goals are "not unreachable."

But, he said, "it would be premature to disseminate the output of the teams in its current state." Newsbreak will report on the teams' reports as soon as information is made available.

Faculty from UCSF and Stanford have been serving as advisers since early June, addressing such issues as funds flow, subsidies, incentives, productivity, physician organization, billing and the academic mission. One team has been focused on the formation of service lines, which would group professional institutional services to simplify the delivery of care for patients.

A service line is a patient-based offering addressing a specific disease, such as cancer; a specific population, such as women and children; or a specific organ or procedure. A cardiology service line, for example, might link a variety of services such as those for acute myocardial infraction, electrophysiology, heart surgery, and cardiac rehabilitation and other heart specialties in an integrated program that can be accessed by patients and marketed to health care organiztions. The operation of these service lines depends on a partnership between adminisitrative and clinical managers

Some UCSF faculty have questioned whether service line structures would have a negative impact on the academic mission of departments.

But Lee Goldman, co-chair of the service line team and a member of the organization's board of directors, called the strategy "a testable hypothesis." And Wintroub said, "I think that the consensus in the room was that the service line concept is a valuable concept."

A mutual understanding exists between the organization and faculty, said Wintroub, that service lines will only be expanded if the pilot programs are successful in enhancing the academic mission and improving patient care.

Programs targeted for the service line structure are cardiovascular, neuroservices, transplant, and several parallel pediatrics services.

Few things are set in stone at this point, but an area in need of much refinement is in governance and accountability. Because faculty groups worked independently of one another, and without benefit of understanding the conclusions of other teams, redundant committee structures were developed. As Wintroub quipped, "enough governance, I suspect, to ensure that no faculty member would ever have time for much else than attending meetings."

After the Sept. 9 dinner, new teams may be assembled to work on additional problems, and some existing teams may continue to meet.

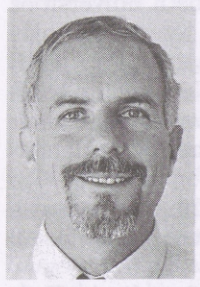
"It was also clear after all the reports had been delivered that no matter how hard we work to simplify things, this is by nature a very complex endeavor," Wintroub said.

Siegel leads drug delivery research team

By JEFFREY NORRIS

Ronald A. Siegel, professor of biopharmaceutical sciences and pharmaceutical chemistry with the UCSF School of Pharmacy, was recently elected as the new president of the Controlled Release Society, a group that works for better ways to time and target drug delivery.

Two-thirds of the society's 3000 members are employed in industry, most, including Siegel, looking for new and improved ways to deliver drugs safely and effectively.


Siegel

Pharmaceutical researchers aim to control the physical location and timing of the biological effects of therapeutic agents. Accomplishing this goal helps achieve maximum therapeutic benefit, reduces side effects and avoids excessive waste of the oftentimes expensive pharmaceutically active ingredients at the heart of modern drug formulations.

An increasing number of exciting new drug prospects for treating AIDS, cancer and other stubborn diseases are being developed. But as Siegel points out, "discoverers of new drugs often don't have any idea of how they are going to get the drug to the tissues or cells in the body where it needs to go in order to be pharmacologically effective."

A recurring challenge is to achieve slow, steady release of a drug, especially short-acting drugs, so that treatment does not have to be continually administered. Perhaps the most familiar formulation for accomplishing this is a slowly dissolving gel capsule that eventually releases "tiny time pills" — drug-containing granules that also dissolve over time.

Another familiar problem addressed by researchers is the targeting of drugs to appropriate sites within the body. For instance, drugs taken orally first must cross the gut and enter the bloodstream before they can circulate to targeted tissues.

Many potentially useful drugs, if taken orally, are broken down by the stomach and never reach their destinations. Prime examples, Siegel says, include protein-based therapies that might otherwise be useful in treating diseases such as diabetes and osteoporosis.

Researchers in the field of controlled release also are working to develop drug delivery vehicles that can safely ferry protein-based drugs and other fragile pharmaceuticals across the gut, so that they may be taken orally. Delivery across membranes in the skin, eyes, gums, nose, and vagina is also being studied for drugs that are difficult to administer orally, Siegel says.

Siegel's own research centers on the design and testing of new implantable devices that can deliver drugs in pulses. This unique approach may help prevent drug tolerance during long-term treatment, a phenomenon whereby increasingly larger drug doses are required to achieve the same therapeutic effect.

According to Siegel, scientific studies suggest that pulsatile drug delivery may be an effective way to circumvent tolerance during long-term treatment with drugs such as nitroglycerine, commonly used to prevent angina in heart disease patients.

Similarly, pulsatile drug delivery systems may be useful in the treatment of osteoporosis, in which bones are weakened through loss of calcium. "An important hormone regulating bone calcium is calcitonin," Siegel says. "Recent studies suggest that calcitonin should be administered in pulses once a day in order to prevent tolerance, at least in some individuals."

Siegel's strategy for achieving pulsatile drug delivery, which he says is still a decade or more away from clinical application, is based on a kind of chemical oscillator that can drive the pulsed release of an active drug formula. Teachers of introductory chemistry courses often demonstrate the same principle in a glass beaker, wherein the ebb and flow of controlled chemical reactions is evidenced by vivid color changes, reflecting the different hues of the periodically alternating, dominant chemical species.

Siegel, whose work is funded by the National Science Foundation, conceives, constructs and analyzes the mechanisms of drug delivery devices that are analogous to these oscillating chemical reactions.

Siegel joined the UCSF faculty in 1984 and serves on the editorial board of The Journal of Controlled Release and is an editor of Polymer Gels and Networks.

Correction

The July 22 issue of Newsbreak/Medsounds listed the wrong title for Ruth Malone in the calendar section. Malone has been a Pew/AHCPR postdoctoral fellow at the Institute for Health Policy Studies for the last two years and will be accepting a faculty position in the department of physiological nursing beginning Sept. 1.

Private Support

UCSF is pleased to acknowledge the following listing of gifts/pledges of $25,000 or more from individuals, corporations and foundations received July 20-26,1997.

$100,000 - $499,999
The Ruth and Milton Steinbach Fund Inc.

$25,000 - $99,999
Glaxo Wellcome Inc.
Mizutani Foundation for Glycoscience
Obstetrics and Gynecology Research and Education Foundation
Oregon Medical Systems Inc.
Orquest Inc.

Lisa Cisneros
Lourdes Tolentino, left, receives congratulations from Jane Hirsch, director of nursing.

Two nurses receive Ripple scholarships

Lourdes Tolentino and Stephanie Kurata just got a little financial help from their friend, Helen B. Ripple, the former director of nursing at the UCSF Medical Center, whose legacy continues in the form of scholarships.

Kurata, a clinical nurse II in pediatrics, and Tolentino, a licensed vocational nurse, were each awarded a monetary gift to help them pay for their educational expenses in the pursuit of nursing degrees.

Earning a 3.8 grade point average at Sonoma State University, Kurata has completed two semesters on the path to becoming a nurse practitioner.

"The role of the nurse practitioner is so beautiful in its simplicity, adaptability and realism," Kurata wrote in her application for the scholarship. "It is a natural expansion of all aspects of the nursing role and can be fashioned to fit many situations. It is my long-term goal to explore these roles in the acute and ambulatory care setting."

As an Asian-American, a mother, a daughter caring for her own mother, and a student, Kurata says she has an "added sensitivity and insight into the care of the family as a unit and individual family dynamics.

"The psychosocial, cultural, and financial stressors weigh heavily on all of us and it is something that I do not overlook," says Kurata, who has 12 years of service at UCSF. "In this rapidly changing health care system, the humanity and compassion of what we have dedicated ourselves to is often the first to be sacrificed. But it is my priority."

The mother of three children, Tolentino has worked at the UCSF/Mount Zion Medical Center for eight years. She attends the College of San Mateo where she is pursuing her short-term goal of becoming a registered nurse. Eventually, Tolentino would like to earn her bachelor's degree in nursing, and given the opportunity, would like to work in the intensive care unit.

"I love my job and feel that there is more to what I can do," she wrote in her application. "I believe I have the potential and ability to become a better nurse and therefore, I decided to go back to school."

Tolentino, who thanks her family and friends for their support, says she is optimistic about the future.

"Nursing has given me a sense of fulfillment in my life," Tolentino says. "The whole nature of the job, which includes caring, teaching, being an advocate, and providing emotional as well as physical support continues to appeal to me. It fills me with great pleasure to see patients recuperate from their surgery and witness the progress they've made each passing day."

Research grant to help curb blindness

The UCSF department of ophthalmology has been awarded a merit grant of $100,000 that will be used to support research into the causes, treatment and prevention of blinding diseases.

The grant, from Research to Prevent Blindness (RPB), will provide funds during the next 12 months to support UCSF ophthalmology research in glaucoma.

"Unrestricted funds such as this grant are especially valuable in our fight against blinding diseases because they allow us to put our efforts into the most promising areas of investigation," says Steven G. Kramer, chair of the UCSF department of ophthalmology.

Research by UCSF eye researchers recently led to the identification of a gene that may be involved in up to half of the estimated 3 to 4 million glaucoma cases in the US.

UCSF researchers Jon R. Polansky, associate professor of ophthalmology, and molecular biologist Thai D. Nguyen reported in May 1997 that the gene — called TIGR, for "trabecular meshwork inducible glucocorticoid response protein" — apparently is involved in producing a mutated protein that may clog the trabecular meshwork, a structure in the eye involved in draining excess fluid from inside the eye. This, in turn, results in increased pressure inside the eye and may lead to damage to the optic nerve and eventual blindness if untreated.

"Knowledge of how the TIGR gene operates can lead to early detection and treatment for glaucoma and also point ways to improve glaucoma drugs and procedures," Kramer says.

Research to Prevent Blindness is the world's leading voluntary organization supporting eye research. To date, RPB grants to UCSF have totaled more than $2.3 million. Since its founding in 1960, RPB has channeled more than $144 million in grants to medical institutions in the United States for research into blinding eye diseases.

Child care services gets new director

David Worton has been appointed director of UCSF Child Care Services. Worton, who has been in the field of early childhood education for 17 years, has served as director of preschools at Gan Mah Tov in Oakland and the SF Jewish Community Center.

As a resident of the Inner Sunset neighborhood, Worton is familiar with the UCSF community. He will supervise the teaching staff at the Marilyn Reed Lucia Child Care Study Center on Parnassus as well as oversee the work of the site at the Mission Center Building Child Care Study Center.

He replaces Byron Sigal, who retired from UCSF last month.

The campus Child Care Services at UCSF and Mission Center provides care and education for 96 children, ages 2-5 years, when at full capacity. The two centers serve families of students, faculty and staff , as well as SFGH employees and community members.

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Practitioners should be aware of family needs when child is ill, study says

By JEFFREY NORRIS

The opportunity to save a life might be expected to boost one's self-esteem, but the brothers or sisters who make up three-quarters of the donors in pediatric bone marrow transplant cases often suffer anxiety and seem to feel worse about themselves than non-donor siblings.

That's one of the surprising findings in a new study published in the August issue of Developmental and Behavioral Pediatrics by researchers from UCSF and the Pacific Graduate School of Psychology.

The study marks the first systematic attempt to identify any adjustment problems experienced by either donor or non-donor siblings of pediatric bone marrow transplant recipients.

"Children who donate bone marrow to a brother or sister and their non-donor siblings need emotional support in ways that often are not sufficiently attended to by the transplant team or by the family and their friends," says Wendy L. Packman, who designed the study and carried it out at UCSF as a doctoral dissertation project under the direction of Mary Crittenden, the chief clinical psychologist for the department of pediatrics at UCSF.

The pain, misfortune, and special needs of the children undergoing transplants deservedly receives extraordinary concern and attention from family, friends and health care professionals, but both donor and non-donor siblings also may suffer as a consequence of this major family event, the researchers found. Although impacts on the physically healthy brothers and sisters may last for years, these siblings may receive inadequate attention for their problems, they say.

Many of the most serious childhood diseases, such as leukemia, aplastic anemia, genetic disorders and solid tumors, are often treated with bone marrow transplants. More than 2,000 pediatric bone marrow transplants are performed each year in the US.

Packman gave psychological tests to measure anxiety, self-esteem, depression and posttraumatic stress. She asked the children to draw family pictures and conducted structured interviews. Parents and teachers completed a behavioral checklist on the children.

Packman found that about one-third of both sibling groups in the study showed signs of posttraumatic stress disorders, including, for example, startle responses, frightening dreams and intrusive images related to the bone marrow transplant.

But in some aspects the experiences of psychological distress, behavioral problems and sense of self differed significantly among the children and adolescents who donated bone marrow in comparison to non-donor siblings, the researchers concluded.

"As a group, the donors exhibit more internalizing behaviors, such as withdrawal, anxiety and depression, while non-donor siblings tend to externalize, sometimes acting recklessly or carelessly, or having difficulties paying attention and learning in school," says Packman.

From the perspective of the teachers surveyed for the study, donor siblings collectively measured higher in social competence and in leadership potential than the non-donor siblings.

The families that participated in the study all included a child who received a bone marrow transplant at UCSF.

"These findings emphasize the significance of the impact on the entire family when a child is seriously ill."

–MORTON J. COWAN

Director, Pediatric Bone Marrow Transplant Program

"Parents often ask members of the bone marrow transplant team what the effect of the transplant will be on siblings," Packman says. "Now we have something we can tell them about what to watch for. The potential impacts warrant more attention and, in some cases, counseling."

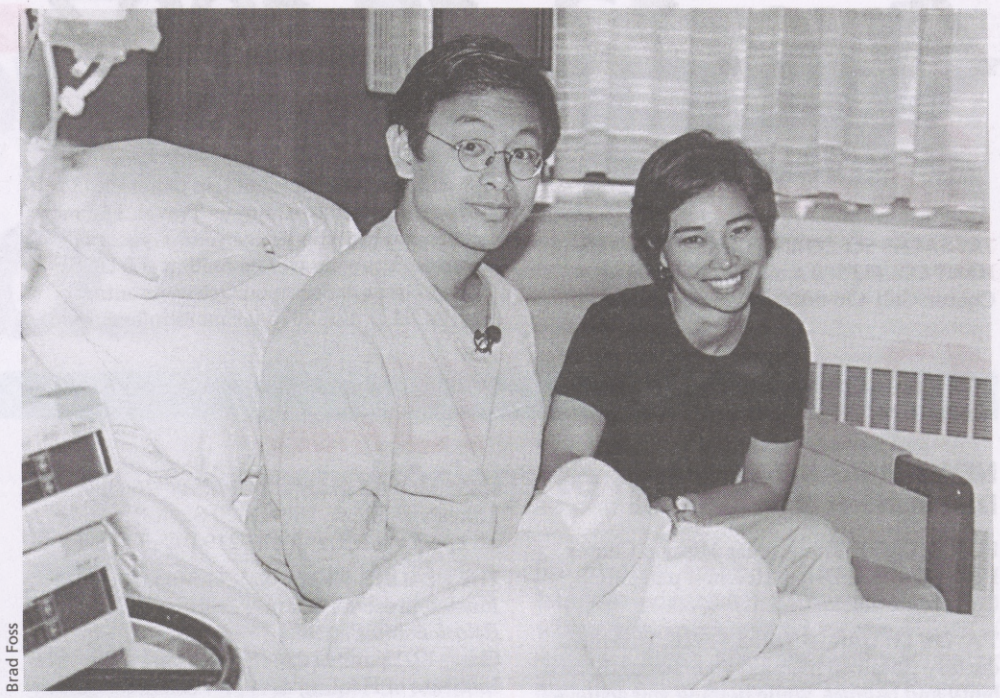
While the differences between non-donor and donor siblings are significant, individual children vary in their responses to the transplant experience, and attention needs to be paid to these individual differences, as well, Packman says.

Packman, who earned her doctorate from the Pacific Graduate School of Psychology, will continue her studies at UCSF this fall as a postdoctoral fellow in pediatrics.

"As medical practitioners, we have focused on the sick child, but we must also be aware of the impact that the disease and its treatment may have on the family as a whole," says Morton J. Cowan, director of the Pediatric Bone Marrow Transplant Program at UCSF and co-author of the study.

"These findings emphasize the significance of the impact on the entire family when a child is seriously ill. We are going to have to expend more resources and energy to prevent, monitor and treat these problems."

Additional authors of the new study are Evonne Schaeffer and Bruce Bongar of the Pacific Graduate School of Psychology, and Jodie B. Rieger Fischer, a social worker with the UCSF Pediatric Bone Marrow Transplant Program.



Brad Foss

With his girlfriend at his bedside, Alan Kuo hopes to find a matching bone marrow donor.

Kuo (from page 1)

marrow donors in their registry, only 4 percent are Asian/Pacific Islander. Numbers are low, too, among African Americans, Latinos and American Indian/ Alaska Natives, who represent only 1 percent of the registry.

"The best chance of finding someone who matches me is to add as many Asians as possible to those registries," he says.

Kuos's only chance for long-term survival is finding a donor whose tissues match his own, says his physician, Hope Rugo, an assistant clinical professor of medicine at UCSF.

Yet registry searches in Taiwan, Hong Kong, Japan, Singapore, Korea and Malaysia have yielded only highly "mismatched" donors, whose marrow could be transplanted, but only at great risk to the patient.

"We've searched everywhere," says Rugo.

Even if a more closely matched donor were found, this would, at best, offer an improved survival rate given Kuo's young age.

If a donor is found, the procedure is fairly straightforward and of little risk to the donor. "Bone marrow is a renewable resource," explains Rugo.

A small amount of marrow, about one quart, is drawn with syringes from the pelvic bone of the donor and then infused intravenously into the recipient. Within two to four weeks, the new marrow cells reseed the marrow space — emptied through radiation — and begin to produce white blood cells and platelets again.

In the case of Kuo, whose immune type is more common among people of southern China than anywhere else, Rugo emphasizes that his difficulties do not stem from a shortage of potentially compatible people.

"It's just that they aren't well represented in the registry," she says. Rugo says cultural tendencies among Asians to shy away from blood and organ donation, could contribute to the low registry numbers. Donor compatibility can be determined through a standard blood test.

According to the Leukemia Society of America, an estimated 27,600 new cases of leukemia will be diagnosed in the US this year, affecting ten times as many adults as children.

"Finding a donor is not just a problem for minorities. This is a problem for all people," says Rugo.

Marrow collection

In the first step on the way to becoming a marrow donor, a volunteer gives a small sample of blood and consents to join the National Marrow Donor Program to be listed on a computerized registry. If a volunteer is found to be a preliminary match, additional blood tests are performed.

Chances are low that a marrow donor volunteer will be a match for a patient with a fatal blood disease. If a match occurs and the volunteer agrees to be a donor, this is the simple surgical procedure:

1) While under anesthesia, a small amount of marrow is taken from the back of the donor's pelvic bone using a needle and syringe.

2) The small incisions are treated with one large or several small bandages, and within weeks the marrow replenishes itself.

3) The donor's marrow is flown to the patient the same day and given like a blood transfusion. The marrow's "stem cells" then travel into the recipient's bones, where they will begin producing healthy cells.

Brad Foss

Mother-to-be Mary Kay Hannah awaits the arrival of her first child while knitting up a storm.

Expectant mother knits during downtime

The UCSF Birth Center has always been a tightly knit community.

But throughout July, the 15th floor of Long Hospital seemed much like a knitting factory.

It began innocently enough when Mary Kay Hannah, an expectant mother at risk for premature delivery, knitted for her child-to-be a strawberry-colored "fruit cap."

But doctors and nurses who found the tiny hats irresistibly cute began placing orders — at $10 apiece — requesting 'strawberries,' 'raspberries,' 'blueberries,' 'lemons,' and 'pumpkins.' By all accounts, the fruit caps she made, which are sold by some retailers for more than $30, were a bargain.

Hannah found the whole experience quite humorous, considering these were the first things she'd ever knitted in her life. A friend gave her a start-up kit not long ago as a way to pass time during her hospitalization, which lasted more than five weeks.

"It's almost ridiculous," said Hannah, a former part-time fitness instructor at Millberry Union. By late July, she had taken nearly 40 orders. "I've finally had to start telling people I might not get to their orders," she said just before being discharged on Aug. 2.

Now that she is no longer taking the medication that moderated her contractions, Hannah could give birth at any time.

One downside to the whole experience was that Hannah originally planned to give birth in the presence of her husband, Major John Hannah, who is stationed in Australia with the US Army.

"I was ready to leave. I gave up my apartment, had a dinner party planned for my friends and a plane ticket to leave the next day," she explained. But after what she thought would be her final obstetrics appointment in this country on June 25, Hannah canceled the trip.

She and John speak on the phone about every other day, and a friend of hers, James Rozelle, a postdoctoral student at UCSF, visited every morning with a piping hot latte.

To be sure, Hannah had plenty of downtime. "I knit and read and watch baseball and count contractions," she said. "That's my life in the hospital."

Aug. 12–18, 1997

12 Tuesday

TAY-SACHS SCREENING CLINIC FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

13 Wednesday

NEWSBREAK/MEDSOUNDS DEADLINE FOR NEXT ISSUE

BLOOD DRIVE: The August Mission Center Building Blood Drive, 10 a.m-4 p.m., MCB Conference Room. Call 476-6989.

T'AI CHI CH'UAN — YANG STYLE. This introductory class will increase your strength, flexibility and balance, while helping you achieve an inner state of attentiveness and relaxation, 11 a.m-noon, MU Fitness Center. Call 476-1115.

UC RETIREMENT SYSTEM MEETING: The Office of Benefits and Financial Planning will describe the features of the 403(b) plan, 12-1 p.m., S 214. Call 476-1400.

BROWN BAG LECTURE: Ellen Hughes, associate clinical professor of medicine, presents *Alternative Medicine: Implications for Clinical Practice.* Learn about alternative therapies, what works and what doesn't, 12:10-1 p.m., N 225. Sponsored by Public Service Programs. Call 476-4394.

BREASTFEEDING/FORMULA FEEDING: This class, for women early in pregnancy, focuses on making a decision about infant feeding options, 3-4 p.m., UCSF Birth Center, ACC. Sponsored by Great Expectations for Women's Health. To register, call 476-6667.

14 Thursday

6TH ANNUAL CHILI AND SALSA COOK-OFF: Who has the best chili and salsa at UCSF? Come by to taste the top dishes at UCSF. Only $3 for tasting kits, 11:30 a.m.-1:30 p.m., MCB.

WIN TICKETS TO EUROPE: The 9th annual EMPACT! raffle is on! The grand prize winner will receive two roundtrip tickets to Europe, donated by Campus Travel. The more tickets you buy, the better your chances of winning! Drawing will be held at the UCSF Day at Great America on Oct. 16. Contact EMPACT! at 476-2675 for more information.

15 Friday

UCSF MOBILE MAMMOGRAPHY VAN: Lakeshore Plaza, 1501-1599 Sloat Blvd. For an appointment, call 476-2193. Call 476-1400.

THE HEALING PROCESS: K.C. Mao, Tai Chi Master, presents *Healing Process and the Relationship Between Stress, Chi and Chi Cong,* 12-1 p.m., N 225. Sponsored by the Institute of Healing Arts and Sciences. Call 584-4416.

16 Saturday

COOKING WITH FRESH FRUITS: Learn a variety of cooking techniques using fresh summer fruits in this class, 10 a.m.-2 p.m. MU Fitness Center. Call 476-1115.

18 Monday

T'AI CHI CH'UAN — YANG STYLE. See Aug. 13 listing.

DROP-IN SPORTS: Women can drop in to play basketball in an informal, fun setting, 6-7 p.m., MU Gym. Call 476-0356.

FULL MOON SEA KAYAKING: Spend a special evening on the Bay in stable, double sea kayaks. Voted "Best Watery Romance" by the Bay Guardian. First-time paddlers welcome. Sign-up at Outdoors Unlimited Rental Center. Cost $35/45/50. Call 476-2078.

Location key

ACC – Ambulatory Care Center, 400 Parnassus
C – Clinical Sciences Building, 521 Parnassus
CL – Campus Library, 530 Parnassus
HSW – Health Sciences West
MCB – Mission Center Building, 1855 Folsom St.
MU – Millberry Union, 500 Parnassus
N – School of Nursing, enter at 513 Parnassus
S – Medical Sciences Building, 513 Parnassus
VAMC – Veterans Affairs Medical Center, 4150 Clement

UPCOMING EVENTS

Self-defense class

The UCSF Rape Prevention Education Program offers a self-defense class for women on Saturday, Aug. 23, from 10:30 a.m. to 5:30 p.m. at Millberry Fitness Center's Studio 2.

Nina Otis Haft, a certified self-defense teacher and rape crisis counselor who holds a black belt in Kung Fu, is class instructor.

This 6-hour class will focus on streetwise personal safety, defense and escape methods including basic blocking, releases from common grabs, ground fighting and how to immobilize an attacker of any size. Strategies for confronting weapons also will be discussed.

Participants are asked to wear loose-fitting clothing and to pre-register by calling 476-5222. Cost for the class is $40 for UCSF affiliates and seniors and $65 for the general public.

Panel to discuss research administration

"Re-engineering Research Administration at Stanford and UCSF" is the title of a panel discussion to be held on Wednesday, Aug. 27 from 9:30 to 11 a.m., in Toland Hall. Speakers from UCSF will be Patricia Clausen, Research Administration Project (RAP) pilot project manager, and Paulette Gregg, assistant director of the Cardiovascular Research Institute. Stanford's Beth Kane, director of research administration, and Connie Hartnett, research process manager, will also participate. Marcia Cohen, a financial officer in the department of medicine and a member of RAP, will moderate the event. For more information, call 476-1276.

Rafting expedition

Join colleagues and friends on a Labor Day weekend river rafting expedition down the Klamath River. Outdoors Unlimited, which sponsors this trip from Saturday, Aug. 30 through Monday, Sept. 1, promises that "it will be like backpacking but with lawn chairs and coolers!" Not to mention prime nature watching for blue herons, ospreys, eagles, river otters and foxes. For more information, call 476-2078.

Annual TB workshop

Nationally known experts will present an update on the prevention, diagnosis, and treatment of tuberculosis during workshops sponsored by the Francis J. Curry National Tuberculosis Center and the Infectious Diseases Society of America on Saturday, Sept. 13, from 2 to 4:30 p.m., at the Moscone Center. Course applications and a $30 registration fee are due on Friday, Aug. 15. For more information, call 502-4600.

UCSF hosts baby fair at Saunders Court on Sept. 13

UCSF Women's Health is sponsoring a "baby fair" from 9 a.m. to 3 p.m. on Saturday, Sept. 13, in Saunders Court.

The fun-filled fair will include maternity fashion shows, maternity- and child-related products, yoga and massage, health information booths, tours of the UCSF Birth Center, clowns and face painting, and raffles for prizes.

Moms-to-be, first-time moms and veteran moms will have the opportunity to learn the latest health information from nationally known health experts at UCSF. Four seminars will provide parents and parents-to-be updates on parenting and health information.

Jane Mahakian, program coordinator, UCSF Child and Elder Care Services, will discuss choosing a child care provider and will share tips on how to make informed decisions regarding child care services.

Jane E. Anderson, UCSF associate clinical professor of pediatrics at UCSF/Mount Zion, will talk about "Creating Your Family: Dynamics of Size and Spacing." She will offer insight into how birth order, timing, and space intervals between children affect family dynamics.

Patricia Robertson, UCSF associate professor of ob/gyn and reproductive sciences for UCSF Women's Health, will shed light on "Gay and Lesbian Parenting" by addressing conception options for lesbians and gay men as well as obstetric and pediatric issues during pregnancy.

And finally, women will learn how to have a job AND a life while being a mom when Marilyn Milkman, UCSF obstetrician/gynecologist, and Susan Rosen, UCSF primary care internist, present "Balancing Career and Motherhood."

The UCSF Baby Fair is co-sponsored by San Francisco Peninsula Parent. For more information, call 415/476-0668.

Research design forum

Sign up now for the Sixth Regional Symposium on the "Design and Methods of Clinical Trials," Thursday and Friday, Oct. 16 and 17 at Laurel Heights. The symposium, which begins at 8:30 on Thursday and 9 a.m. on Friday, is intended for those interested in learning more about various design options, analytic and reporting issues, how to critically evaluate published reports and ways of increasing adherence and quality of life issues in clinical trials. For registration information, call 476-5808.

Marijuana (from page 1)

What is evident is that physicians must learn as they go along. "This is not taught in medical school at all," Gurley says.

What is being taught by public health officials such as Gurley is data about cannabis' properties. Gurley was guest speaker recently at a conference series sponsored by the UCSF Center for AIDS Research at San Francisco General Hospital.

Lack of scientific evidence

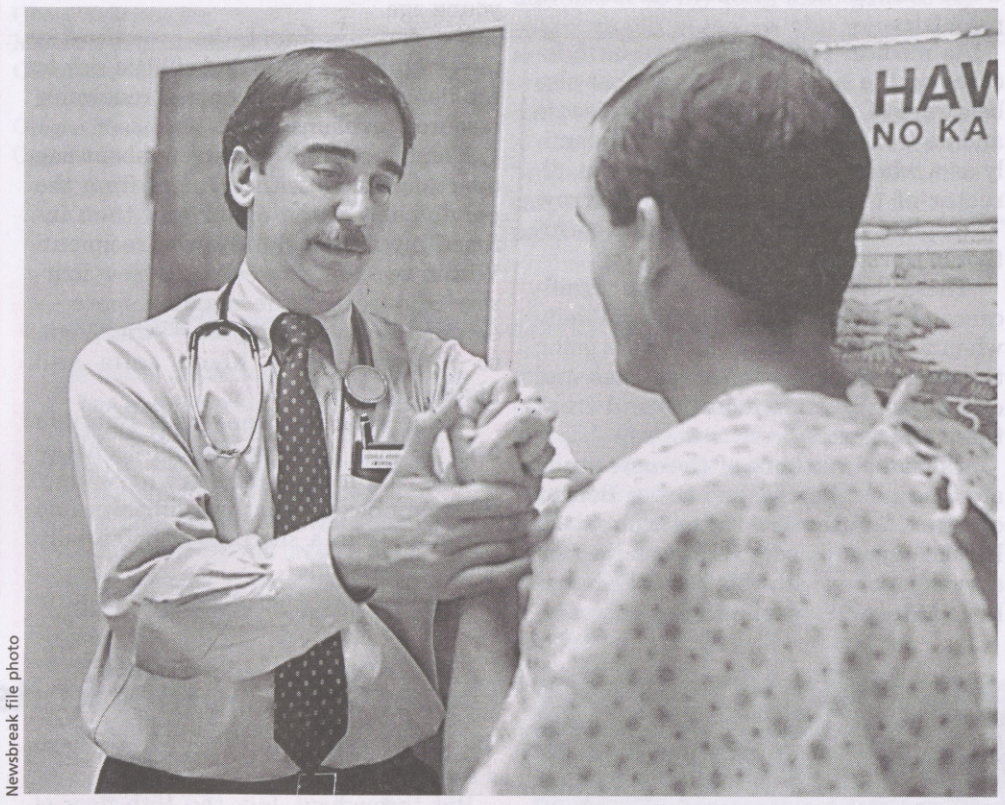
Although there is strong anecdotal evidence that suggests smoking marijuana can relieve some symptoms associated with AIDS and cancer, among other diseases, little scientific evidence exists to back it up. Some health care professionals take issue with the fact that Prop 215 certifies marijuana as a therapy without subjecting the substance to rigorous tests for FDA approval. Many medicinal marijuana opponents believe the drug's negative side effects outweigh its benefits. Others believe enough evidence, albeit mostly anecdotal, exists to justify marijuana as a viable drug. However, most practitioners agree that more research needs to be done.

"Our goal is to make it a clinical decision, not a political decision," Gurley says.

Medicinal uses of smoked marijuana have not been studied until recent years, and most studies conducted to date have been "horribly flawed," according to Gurley. Recent studies have lent credence to many of the claims of patients and historians about marijuana's properties. However, she notes that "the body of literature about marijuana is extremely poor in quality."

Compounding this problem is the illegal status of the drug in all states except California and Arizona. When researchers wish to study the drug's therapeutic potential, they face bureaucratic and legal obstacles in their attempts to gain access to it.

Gurley believes that a "combination of things needs to happen" in order for marijuana's effects to be better understood. "We need a clear message that it's OK to do this research and to provide people with the substance. Then I think there will be a blossoming of research," she said.



Newsbreak file photo

Physician Don Abrams, left, with a patient at San Francisco General Hospital

UCSF AIDS researcher Donald Abrams, professor of clinical medicine at SFGH, has been trying to conduct research on smoked marijuana's therapeutic effects on people with AIDS but his proposals have been continuously rejected by the National Institutes of Health. Since 1993, his study on whether smoked marijuana boosts appetite, a major factor in the AIDS-related "wasting syndrome," has failed to get funding.

"It's easy for people to study how marijuana does all these negative effects to the body," Abrams says. "They (NIH officials) haven't had many people want to show it has a therapeutic value."

To improve his chances of getting a grant and access to marijuana for his research, Abrams recently submitted a proposal to the National Institute of Drug Abuse, shifting marijuana's therapeutic value from a primary to a secondary focus. The grant request, which is now under review, is to study the effect marijuana has on levels of protease inhibitors and whether there is a different effect if cannabinoids are smoked versus swallowed. Although Prop 215 now makes marijuana available from buyers clubs, Abrams says it's "too risky" to get it that way for a clinical trial. For example, transporting marijuana is not protected under Prop 215.

And as Cohen concedes, "most physicians are not willing to be penalized for taking one step too many."